If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

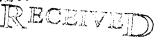


Request for Suspension

Request for Reinstatement



Other:



File the original with:	Mail or fax a c
Public Service Commission of South Carolina Docketing Department Motor Carrier Matters	S.C, Office of Regulato Transportation Depa 1401 Main Street, Su Columbia, S.C.
P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100	0 5 78 (803) 73 FAX (803) 73
FAX (803) 896-5199	737-0815
DATE: 10.27-09	
Please consider this an application for Reinstateme	KECEIVED
Charter Certificate Number	
Charter Bus Certificate Number	T, T, Q, S,
Non-Emergency Certificate Number	
My certificate was revoked/cancelled on <u>fo reports</u> (DATE)	because <u>faul</u>
(DRIL)	
I am seeking reinstatement because want	. 1 - 2 ()
Couldn't apput you serou it but a	the shop you could
flesse telestated me.	
Sherre Epps D	BA Sherye Epp 5
(Name of Company) applicable)	(īf
2012 Henmore Way Horence 5.0 295	Td 5
(Street Address) from Street Address)	(Mailing Address If different

843-206-3800

(Title)

(Telephone Number)

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## STATE OF SOUTH CAROLINA PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA AND OFFICE OF REGULATORY STAFF TRANSPORTATION CARRIERS ANNUAL REPORT

(For Class C - Taxi, Charter, & Non-Emergency)
FOR YEAR ENDING DECEMBER 31, 2008 OR FISCAL YEAR ENDING

	9	<del>,</del>		
CARRIER NAME	herre Ef	ops 3		
STREET ADDRESS	2012 fles	emore lesay		
CITY, STATE, ZIP CODE		S. C 2	9505	
MAILING ADDRESS	Same			
CITY, STATE, ZIP CODE	Sain	2052	.,	
TELEPHONE NUMBER (AR	EA CODE) 843	-206 380 0		
FEDERAL IDENTIFICATION				ECEIVE
				OCT <b>3 0</b> 2009
Operating Revenues:				4,00
			<b>T</b> ,	T, 87,8/
1. Total Revenues S		, ·	•	
Operating Expenses:				
2. Salaries and Wages S	(Mone	y paid to employees)		
3. Rent S	( vehicle	es, office)		
4. Other \$_	(expenses that are no	ot included in the other categor	ries)	
	υ			
5. Total Expenses \$	-		•	
6. Net Operating Income (L	.oss)\$_	e #1 minus line #5)		
7. Insurance Co. Name/Poli No. of Vehicles Insured:	icy No. PTA	,0477276	1 Canel I	15hrene
8. Decal Fees Paid YES (V) (through June of Curren	No() No. of Vehicl at Year)	les <u>38</u>		

## <u>Affidavit</u>

SUNSHINE SHOES

ate of		outh 1	<u>Carole</u> State	, , , , , , , , , , , , , , , , , , ,	
ounty of		Sh	ere .	Eps	of the
			0		Company
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my knowl	that I had a	e correcti	ined it, and	that the items here Signature Date	and teborted on the maste
my knowl	that I have a seemed	e correcti	ined it, and	that the items nere	and teborted on the maste
my knowl	that I have and the second sec	e correcti	ined it, and	that the items nere	and teborted on the maste